HANOVER COUNTY SHERIFF Criminal Justice Academy

HANOVER COUNTY CRIMINAL JUSTICE ACADEMY

INSTRUCTION PLANNING & COURSE DEVELOPMENT COVER SHEET

COURSE TITLE: Autism For Law Enforcement	**LESSON TITLE:** Autism For Law Enforcement
INSTRUCTOR: Tim W. Sutton	**PREPARED BY: Sgt. Tim Sutton**
LOCATION OF TRAINING: Richmond PD	**REVISED BY :** Tim Sutton **DATE:** 01-21-11
ALTERNATE LOCATION:	**TARGET POPULATION: Law Enforcement**
TIME/SCHEDULE: 01/31/11 12:30-1600	**MAX. # OF STUDENTS:40**
TOTAL TIME REQUIRED: 3.5	**ASSISTANT INSTRUCTORS REQUIRED: No**

APPROVED/REVIEWED BY: **DATE:**

PERFORMANCE OUTCOME AND TRAINING OBJECTIVES

Grasp a basic understanding of Autism Spectrum Disorder and how it affects general population

Understand the wide scope of Autism Disorders

Understand ways to interact with Autism Community

Develop an understanding of characteristics and mannerisms of Autistic Individuals.

How Autism can lead to possible Law Enforcement interaction

TRAINING METHODS

Lecture/Powerpoint
Video

SPACE REQUIREMENTS:

N/A

EVALUATION PROCEDURES

None

CITY OF RICHMOND
POLICE DEPARTMENT
BRYAN T. NORWOOD
CHIEF OF POLICE

July 25, 2011

Megan Osborn
2026 Parkwood Ave Apt. C
Richmond, VA 23220

RE: FOIA Request: Mental illness training

Dear Ms. Osborn:

In response to your Virginia Freedom of Information Act request, we are providing several training documents to include lesson plans, presentations and bulletins. Please know that our Department meets, and in some instances exceeds, legal and accreditation standards for mental illness training.

Members of the Richmond Police Department receive multiple training sessions regarding mental illness and the proper handling of situations in which they come in contact with citizens who may/may not suffer from such illnesses. Such training takes place upon hire as well as throughout their career during state-mandated in-service training. More specifically, police recruits receive two training sessions (12 hours) upon hire prior to any work in the field and various blocks of refresher instruction throughout their career as seasoned officers during state-mandated in-service training. These training sessions, conducted by certified instructors in our Department as well as neighboring agencies including the Richmond Behavioral Health Authority, provide our employees with an overview of the indicators of mental illness as well as a framework for dealing with incidents in which they come in contact with citizens who exhibit one or more signs of mental illness.

Please be advised, pursuant to 2.2-3700 – 2.2-3714 of the Virginia Code, some of your requested records are not subject to FOIA and therefore that information was not included.

Should you have questions, please contact the Office of General Counsel at (804) 646-5528.

Sincerely,

Victoria P. Benjamin, Esq.
General Counsel

VPB\smm

HANOVER COUNTY SHERIFF Criminal Justice Academy

HANOVER COUNTY CRIMINAL JUSTICE ACADEMY

COURSE TITLE:	LESSON TITLE:

EQUIPMENT, MATERIALS, & TOOLS

DESCRIPTION:	NO.	DESCRIPTION:	NO.
CHALKBOARD/DRY ERASE BOARD **yes**	1	SCREEN Yes	1
OVERHEAD PROJECTOR No		COMPUTER w/ PowerPoint® Yes	1

STUDENT MATERIALS

ITEM	AMMOUNT NEEDED	WHEN DISTRIBUTED	COMMENTS
Copy of Instructor Power Point	unk		

SPECIAL MATERIALS, NOTES, COMMENTS

REFERENCES

Avoiding Unfortunate Situations by Dennis Debbaudt
Centers for Disease Control and Prevention
Autism Speaks

I.) What is Autism?

Development Disorder

Impacts Social Interaction

Communication Skills

No Visual Signs to tell they are Autistic

(Autism Speaks 7min. video)
(Beautiful Minds Video)

II.) Current Statistics:

1 in 110
4 Times more likely in males (CDC 2009)

III.) The Autism Spectrum Disorder

Low Functioning----------High Functioning
Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)
Leads to an increase probability of law enforcement contact

IV.) Public Safety Risks

Public Safety risk
Pain Threshold
Sensory Issues
Self Stimulation
Fixations
Wandering
7 x more likely to have LE encounters

V.) Suggested Responses

1 goal is Safety
Non-Threatening
Be observant to cues
Pek Cards
Simple/Direct Instructions
Repeat/Rephrase
Take your time
Ask if they have Autism
Avoid Touch (If Possible)
Evaluate for injury
Be prepared for Outbursts
Be aware of Surroundings
Fight or Flight

VI.) Behaviors

Model the Behavior you want
Repetitive Behavior or movement is typical
Be patient

VII.) How will you know?

Dispatchers
Ask
Family /Caregivers
Temporary Tattoos
Jewelry or PL bands
What you leave this training with

You will not BE and expert, but you will be The Expert for your department

VIII.) Calls For Service

Wandering (They Don't know they are lost)
B& E
Shoplifting
Sex Offense
Domestic
Suspicious Person
Stalker

Without this Training, What would AUTISM mean

IX.) Sensory Overstimulation

Flapping/Rocking
Find a Quiet Place
Calm will usually create calm
Reduce stimulating influences
Extreme Senses

X.) De-escalation

Posture
Take your time
Talk in short concise phrases
Avoid slang or jokes
Pek Cards
Speak Literally
Personal space
Low gestures

Sign Lanuage

Many people with autism are extremely strong

Studies that Males have 4x more Testosterone than average male
(Single Parents)

Echolalia
Fixations
Repetitive behavior

Example: 20 old male runs up and grabs your badge.
What Do you Do?

XI.) Restraint

DO NOT VIOLATE YOUR DEPARTMENTS POLICY!!!!!!!!!
Restrain with knowledge
Hypotonic (Positional Asphyxiation)
Hypertonic
Many with ASD experience Seizures
Resistance
Reposition
Maintain continuous communication
Model Calm Behavior

XII.) Custody

May not understand you even if they say they do
Find a parent or caregiver
Other medical issues
Notify Supervisor, Prosecutor, Mental Health
Inform ER, Jailers

XIII.) Wandering

**Check Water sources first
We think they are lost. They don't
Leading Source of LE and SAR Contact
Expect to get 911 calls
Care and prevention may appear at first to be abuse
Find out if High Functioning or Low Functioning
Project Lifesaver
SAR
Have EMS staging

Resources:

<u>Avoiding Unfortunate Situations</u> by Dennis Debbaudt
Center for Disease Control
Public Safety Workgroup (Commonwealth Autism)

Richmond Police Department
{Alzheimer's Training}

Title of Course:	Mentally Ill / Alzheimer's For First Responders
Length of Course:	2 hrs
Target Group:	First Responders/In-Service Sworn Officers
Instructor:	Master Patrolman David Torrence
Methods of Instruction:	Power Point Class Participation Dry Erase Board Handouts
Course Description	It is the goal of this training to provide accurate, current, and Practical information concerning Alzheimer's disease to Emergency responders. The training will include communication problems we face with a person with Alzheimer's and ways to combat those problems. The course will also cover Departmental policy and state law in regards to handling Mentally Ill persons.

Lesson Plan Prepared by: Master Patrolman David E. Torrence Date: 01-24-2010

Reviewed By: _____ Date: _____

Statement of Goals and Objectives

Objectives: After this block of instruction, the participant will be able to:

1. Have a basic knowledge of Alzheimer's Disease.
2. Be able to recognize someone who may have Alzheimer's Disease
3. Have a basic knowledge on the communication problem you have when talking to an Alzheimer's patient.
4. Have a basic knowledge on the type of calls for service that a person with Alzheimer's Disease may be involved.
5. Understand roles and responsibilities with handling emergency custody orders and Temporary custody orders.
6. Have a basic understanding of state code in regards to handling the mentally ill.
7. Understand potential of civil liability in regards to handling ECO/ TDO calls for service.

Criterion Test Questions

1. Name three of the eight problem behaviors that a person with Alzheimer's may have.

2. The burden of communication is on Who when Communicating with an Alzheimer's patient?

3. Name two of the five barriers of communication.

4. What is the biggest thing to remember when dealing with an Alzheimer's patient?

5. List two ways to document ECO/ TDO calls.

6. Describe the proper protocol for obtaining an ECO/TDO.

7. How long is an ECO good for? How long can it be extended?

Criterion Test Answers

1. Wandering, Auto accident, traffic violations, False reports, Shoplifting, Victimization, Homicide/suicide, Sexual behavior/indecent exposure

2. The Communicator

3. Lose their train of thought, Have trouble organizing words logically, Revert to speaking their native tongue, Curse or use offensive language, and Be unable to express their thoughts or feeling verbally

4. Always remain Patient. Don't lose your cool.

5. IBR 9809 Mental Subject or Append notes to CAD (only saved for 120 days)

6. Contact Richmond Behavioral Health (crisis), either standby until crisis comes to do evaluation or transport to crisis/ location crisis requests, after evaluation crisis will get ECO/ TDO for patient and will specify what facility to transport patient to.

7. ECO is good for four hours from the time of execution. An ECO can be extended for two hours by the Magistrate.

Items and Materials

Equipment/Aids Required for Instructor:

Power Point Projector
Laptop
Dry Erase Markers

Brown Paper bag with miscellaneous items
Copy of General Order 602-9 and Executive Orders 8-15, 8-18, and 8-19.

Equipment/Aids Required for Participants:

Pen and Paper

PowerPoint Slides: Slide presentation is attached to the lesson plan.

PowerPoint Slides: 1-

Slides containing hyperlinks for the class

Outline of Activities

Grabber: Slide show of famous people that have or had Alzheimer's	**Famous people slide show**
Introduction: David E. Torrence	Slide 1
I. **Objective #1:** Introduction to Alzheimer's Disease a. What is Alzheimer's Disease?	**Objective #1:** **Slide 2,3**
Objective #2: II. What is Dementia? a. Dementia/Senility – What is the Difference? b. Definition of Dementia – What is it? c. Causes of Dementia	
Objective #3: III. Characteristics of a person with Alzheimer's disease a. Confusion b. Disruptive behavior c. Unaware of own needs d. Communication Problems e. Gradual decrease in self-care f. Eventual death	**Objective #2** **Slide 4**
Objective #4: IV. Recognizing the early stage of person who may have Alzheimer's Disease	**Objective #3** **Slide 5**

	a. Forgetfulness b. Mild language problems c. Difficulty with new/complex tasks. d. Apathy, social withdrawal e. Attempts to cover-up/compensate	**Objective #4: Slide 6**
Objective #5:	V. Middle Stage a. Need 24-hour supervision b. Agitation c. Disorientation/memory loss d. Language problems e. Personality/behavioral changes f. Loss of self-care skills	**Objective #5 Slide 7**
Objective #6:	VI. Late Stage a. Need 24-hour care b. Incontinent c. Little language d. Can't walk e. Little purposeful activity f. No self-care skills	**Objective #6 Slide 8**
Objective #7:	VII. 4 A's of Cognitive Impairment a. AMNESIA – loss of memory b. AGNOSIA – inability to recognize familiar people or objects c. APHASIA – loss of ability to use or understand words d. APRAXIA – loss of ability to coordinate purposeful movement	**Objective #7 Slide 9**
Objective#8:	VIII. Senses that are Affected a. Vision b. Smell c. Touch d. Taste e. Hearing	**Objective#8 Slide 10**

Objective #9:	IX. Problem Behaviors a. Wandering b. Auto accident, traffic violations, difficulty taking car keys away c. False reports d. Shoplifting e. Victimization f. Homicide/suicide g. Sexual behavior/indecent exposure	**Objective #9** **Slide 11**
Objective #10:	X. Wandering and Becoming lost a. 59% will wonder and become lost b. 46% may die if not found within 24 hours c. People are often found within .5 miles radius from where they disappeared – short distance from open road or field – in creek or drainage area – or caught in briars/bushes d. Do not usually cry out or respond to shouts e. In search of Home or something from the past	**Objective #10** **Slide 12**
Objective #11:	XI. Communication a. Requires that you build a relationship of trust b. Persons with dementia do not have the same abilities to understand and communicate that we have c. The Burden of Communication is on the communicator not the person with dementia. XII. Barriers to communication? a. They lose their train of thought b. Have trouble organizing words logically c. Revert to speaking their native tongue d. Curse or use offensive language e. Be unable to express their thoughts or felling verbally	**Objective #11** **Slide** **13,14,15,16,17,18,19,20**

XIII. Coercion VS Persuasion
- a. An inability to express their physical needs and wants
- b. Loss of control over their life
- c. Inability to express their feelings
- d. Agitation can be caused when we use: Force and Shortcuts

XIV. Communication Con't
- a. 7% is verbal
- b. 55% is facial expression, tone, pitch, and inflection of voice along with volume and speed of speech
- c. 38% is body language
- d. Call by name
- e. Explain what you are going to do in short simple sentences
- f. Assume that they can understand more than they can express

XV. Remember
- a. approach from the front
- b. smile
- c. identify yourself
- d. maintain eye contact
- e. be aware of your voice
- f. TONE – friendly not bossy
- g. PITCH – low is better
- h. SPEED – slow and easy

XVI. BE PATIENT
- a. Do not argue
- b. Value the person as an individual
- c. Respect their right to express themselves

Objective#12:

XVII. Dementia
- a. Determine stage, body language, while establishing rapport
- b. Eliminate distractions
- c. Maintain eye contact
- d. Enter into their world – watch for repetition of words
- e. Never argue
- f. Touch as appropriate
- g. Initiate short, simple

Objective #12
Slide 21

	sentences h. Avoid catastrophic reaction	
Objective#13:	XVIII. Safe return and Project Lifesaver a. Safe return 1-800-572-1122 b. Project Lifesaver 1-757-432-4382	**Objective #13 Slide 22,23**
Objective #14:	XIV. General Order 6.17.1 Handling Mentally Ill Persons	**Objective #14 Slide 25,26 and GO 6.17.1 handout**
1. VA Code 37.2-808 ECO a. Has Mental Illness b. Danger to self or others c. Unable to protect self or provide basic human needs d. In need of hospitalization or treatment e. Unwilling to volunteer or incapable of volunteering for treatment or hospitalization f. ECO valid for 4 hours from time it is executed g. ECO may be extended for 2 hrs by Magistrate. 2. VA Code 37.2-809 a. valid until executed for 24 hours from time taken into custody b. Authorizes Officer to take named person into custody and transport to named facility c. Officer shall remain with prisoner until facility accepts custody.		
Objective #15:	XX. Civil Liability	**Objective #15 Slide #27**
1. Voluntary Committal a. without coercion- go to hospital or go to jail b. capable of making decision-competent c. police custody and transported but voluntary? Abduction! d. without ECO can leave hospital e. suicidal/ homicidal person leaving hospital because officer took shortcut. 2. Documentation a. IBR 9809 Mental Subject b. crisis refuses to ECO/TDO or attempts to get person voluntarily go to hospital c. append notes to CAD- good for only 120 days		

Summary/Conclusion Questions from class.	**Summary and Conclusion**

Bibliography

www.alz.org
www.jfcs.org
www.dcjs.virginia.gov
www.mayoclinic.com
www.tnalz.org
www.projectlifesaver.org
www.infoplease.com
www.nia.nih.gov
Herbert, LE et al.
"Alzheimer's Disease in the U.S. Population: Prevalence Estimates Using the 2000 census."
Archives of Neurology, Vol 60, Aug. 2003, 1119-1122

Basic Mental Health
Instructional Module Synopsis

Module: Introduction (60 min)

Activity: Lecture, Power Point, Group Discussion. An introduction to the behavioral health service system and its recent evolution. Lecture from a mental health professionals on recent changes in the behavioral health care system. Examination of the factors complicating communication with individual suffering from behavioral health disorders.

Goal: To educate officer's on the benefits of behavioral health training. To develop understanding of the law enforcement officer's role in managing behavioral health subjects in their community. To increase awareness of how officers attitudes regarding mental illness may affect their performance in the field.

Module: Basics of Behavioral Health disorders (60 min)

Activity: Lecture by a behavioral health professional skilled in the diagnosis and treatment of mental illness, substance abuse disorders and intellectual disabilities.

Goal: To increase officers familiarity with the diagnostic/classification system employed by behavioral health professionals. To give officers a basic understanding of terminology used to describe subjects who are mentally ill, substance abusing and/or intellectually disabled. To familiarize officers with the communication problems that may be experienced in dealing with mentally ill subjects.

Goal: To give officers a basic understanding of commonly abused (legal and illegal) drugs. Officers will learn about drugs of abuse. Officers will learn to recognize the signs and symptoms of individuals abusing, or under the influence of, drugs. Officers will learn the long term consequences of drug abuse. To give officers a basic understanding of the types of treatment required to treat an individual abusing, or addicted to, drugs. To familiarize officers with the substance abuse treatment resources in the community in which they serve. . To familiarize officers with the communication problems that may be experienced in dealing with substance abusers.

Goal: To give officers a basic understanding of the diagnosis, classification and treatment/management of individuals with intellectual disabilities. To familiarize officers with the treatment resources for the intellectually disabled in the community in which they serve. . To familiarize officers with the communication problems that may be experienced in dealing with individuals with intellectual disabilities.

Module: Hearing Voices That Are Disturbing (60 min)

Activity: Officers will listen via ear phones to simulated auditory hallucinations. Officers will complete paper and pencil tests while being distracted by the auditory 'hallucinations".

Goal: To sensitize officers to the experience of a subject who may be having auditory hallucinations. To familiarize officers with the communication problems that may be experienced in dealing with mentally ill subjects.

Module: Crisis intervention and Suicide (150 min)

Activity: Lecture by a behavioral health professional skilled in crisis intervention and the diagnosis and treatment of suicidal individuals. Film, Group discussion, Video: "The Bridge"

Goal: Officers will gain a basic understanding of the psycho dynamics which precipitate crisis situations. Officers will learn additional skills they may employ when intervening with individuals in crisis situations. Officers will gain a basic understanding of factors in the identification and management of individuals who are at risk for suicidal behavior.

Module: Civil Commitment Processes (60 min)

Emergency Custody Orders.

Activity: Lecture by a mental health professionals on the process for securing an Emergency Custody Order (ECO).

Goal: Officers will gain a basic understanding of the Emergency Custody Order (ECO) process as described in the statute § 37.2-808 of the Code of Virginia.

Temporary Detention Orders.

Activity: Lecture and by a mental health professionals on the process for securing a Temporary Detention Order (TDO).

Goal: Officers will gain a basic understanding of the Temporary Detention Order (TDO) process as described in the statute § 37.2-809 of the Code of Virginia.

Civil Commitment Hearings

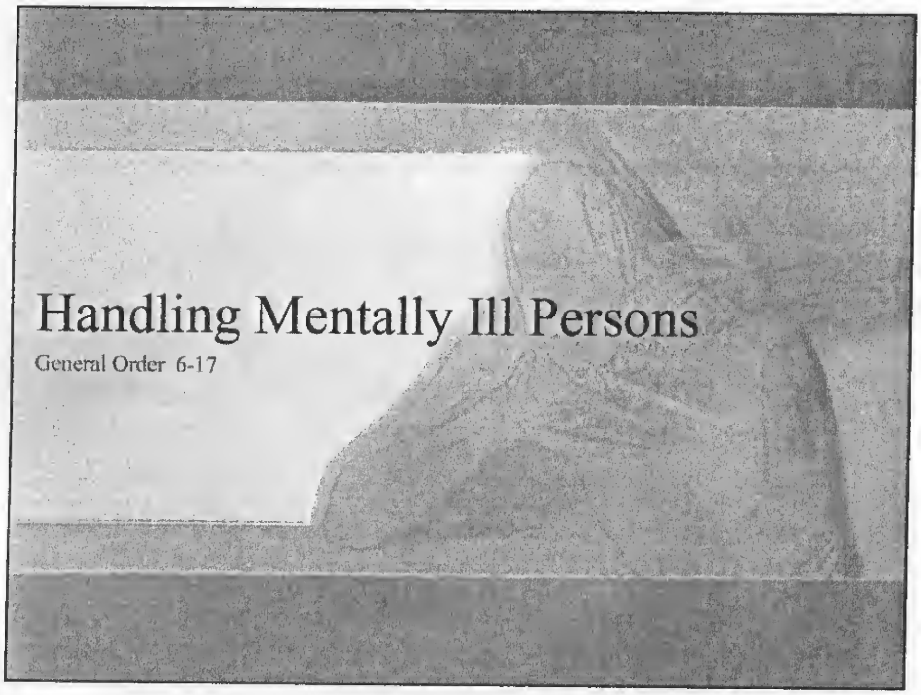
Activity: Lecture by a mental health professional on civil commitment hearings.

Goal: Officers will gain a basic understanding of the civil commitment hearing as described in the statute §37.2-814 of the Code of Virginia.

Module: Four Plays - Basic Intervention Skills (60 min)

Activity: Lecture by CIT trained law enforcement professionals on the 4 basic skills recommended in the CIT model of crisis Intervention.

Goal: Officers will learn 4 basic verbal skills recommended for intervention with an individual in crisis.



Handling of Mentally Ill Persons

General Order: 6-17

- "The purpose of this directive is to establish the policy and procedure for the ***handling of mentally ill persons by members of the Richmond Police Department, service of mental warrants and any associated follow-up investigations.***

Recognition of Abnormal Behavior

Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments of mental or emotional capacity but rather to recognize behavior that is potentially destructive and/or dangerous to self or others.

There are many generalized signs and symptoms of behavior that may suggest mental illness although members should not rule out other potential causes such as reactions to, or withdrawal from, drugs or alcohol or temporary emotional disturbances that may be situationally motivated.

Possible Signs and Symptoms

- Delusions or hallucinations
- Nonsensical speech patterns and disorientation
- Severe depression and/or severe agitation
- Suicidal talk or acts
- Violent talk or behavior resulting from mental illness
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Increased inability to cope with daily problems and activities
- Denial of obvious problems and/or many unexplained physical problems
- Abuse of drugs and/or alcohol

Possible Signs and Symptoms

Signs of mental illness may manifest themselves in several ways, to include verbal clues, behavioral clues, or some environmental clues:

1. Degree of Reactions - Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example may make the individual extremely reclusive or aggressive without apparent provocation.
2. Appropriateness of Behavior - An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
3. Extreme Rigidity or Inflexibility - Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

Possible Signs and Symptoms

- Mentally ill persons may exhibit one or more of the following characteristics:
  a. Abnormal memory loss related to such common facts as name or home address (although these may be signs of other physical ailments such as injury or Alzheimer's disease);
  b. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ.") or paranoid delusions ("Everyone is out to get me.");
  c. Hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.);
  d. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time;
  e. Extreme fright or depression.
- Mentally ill persons may show environmental clues of mental illness by living in extreme filth, failing to practice basic hygiene and personal care, or failing to seek medical care for obvious injuries. If medical care is required, all such care should be sought immediately. EMS personnel shall transport any persons with signs of physical injury.

Handling Mentally Ill Persons

- Guidelines for assisting the mentally ill or their families with voluntary committals, or the process to be followed by sworn officers in the civil commitment process may be found in G.O. 6-17
- Often, the first persons to encounter the mentally ill or reports of the mentally ill subjects in need or services are civilian personnel; specifically DEC personnel. Often persons that are mentally ill are completely functional and require or request services from the Department as a matter of routine. When this appears to be the case, and there are no signs of duress exhibited by the person, services requested or required shall be afforded.

Handling Mentally Ill Persons

To ensure that required services are rendered to those who exhibit or report symptoms of duress or crisis, civilian and sworn personnel shall consider the following when determining whether a sworn officer should be summoned to assess the need for intervention by the Richmond Behavioral Health Authority:

- Does the person exhibit behaviors or make statements that indicate he/she is a danger to themselves or others?
- Is there evidence that the person is the victim or perpetrator of a crime?
- Does the person appear to be under the influence of drugs or alcohol?
- Does the person indicate that he or she suffers from a mental illness?
- Does the person indicate that he/she takes medications for a mental illness, and has he/she taken his medications as required?
- Does the person indicate the name of a Doctor or Social worker who treats the person or manages his/her care?

Temporary Detention Order aka TDO

- VA Code 37.2-808 provides that a law enforcement officer, based upon his/her observations or the reliable reports of others has probably cause to believe that a person meets the criteria for emergency custody may take that person into custody and transport that individual to an appropriate location to assess the need for hospitalization without prior authorization
- RPD officers transport persons believed to be in need of assessment to Crisis Intervention or to another facility designated by a member of the Crisis Intervention Team
- The Crisis Intervention Unit is located at the RBHA, 107 S. 5th St.
- Their **24 hr** contact number is: **819-4100**

Temporary Detention Order aka TDO

- The criteria for emergency custody, is based on the officer's own observations or *reliable reports of others,* gives rise to the officer having probably cause to believe that the person presents an imminent danger to self or others as a result of mental illness, or the individual is so seriously mentally ill that he/she is substantially unable to care for him/her self.

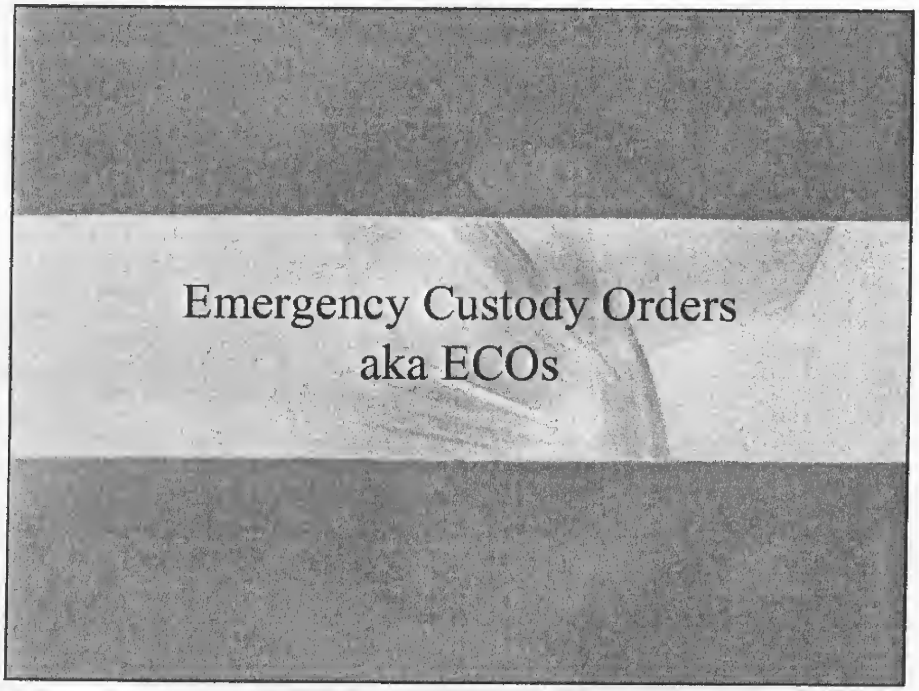
Temporary Detention Order aka TDO

TDOs are obtained by a member of the Crisis Intervention Team

- IF a member of the Crisis Team refuses to take custody and get a TDO, the officer shall transport the individual to the location where the officer initiated the original transport.

Temporary Detention Order aka TDO

- Once a TDO is issued, an officer has **24 hours** in which to execute it.
- **That 24 hour threshold STARTS from the moment the officer originally took the person into custody.**
- If the TDO goes unexecuted within that period the officer must bring the expired warrant to the magistrate for issuance of a new order.
- The TDO authorizes the officer to transport the person to the facility named in the order.



Emergency Custody Orders aka ECOs

"...***orders*** police officers to take into custody and transport the individual named in the ECO to a place where he/she can be evaluated face to face by a person designated by the local Community Services Board or the Richmond Behavioral Health Authority (RBHA), who is skilled in the diagnosis and treatment of mental illness in order to assess the need for hospitalization."

Emergency Custody Orders aka ECOs

ECO's are ONLY valid for 4 hrs from issuance. If one can not be executed within that time frame, the officer shall notify RBHA Crisis Intervention and return the ECO to the Magistrates' office.

TDO & ECO
Receipt and Delivery

TDO & ECO Receipt and Delivery

- Once a TDO or ECO is written by the magistrate, ANY police officer can pick the warrant up from the magistrate or Warrant & Information Services Unit and take it to the designated hospital for execution so that the patient can be admitted.
- The parent or legal guardian of juvenile UNDER the age of 14, DOES NOT need a ECO or TDO to place their child in a mental health facility.
- When serving a TDO, CALL Crisis Intervention to ensure that a bed IS available at the facility designated in the order.

TRANSPORT OF NON-VIOLENT MENTALLY ILL INDIVIDUALS

TRANSPORT OF NON-VIOLENT MENTALLY ILL INDIVIDUALS

The unit assigned by DEC to pick up an ECO or TDO shall respond to the location of the magistrate or judge issuing the order and receive same.

The officer receiving the order is the one ultimately responsible for having it served whether he/she transfers it to an officer in the precinct where the patient is located for service, or serving it him/herself if another officer from that precinct is unavailable to do so.

All ECO & TDO subjects WILL BE SEARCHED by the transporting officer PRIOR to the transport.

TRANSPORT OF **VIOLENT** MENTALLY ILL INDIVIDUALS

TRANSPORT OF **VIOLENT** MENTALLY ILL INDIVIDUALS

If the violent or highly agitated mentally ill person cannot be taken to the Crisis Intervention Unit, the officer(s) shall call the Crisis Intervention Unit who will identify an emergency room at a City hospital where persons may be taken for the purpose of safe evaluation or, Crisis Intervention may attempt to locate a bed for the patient and then direct the officer to a specific hospital.

Again, remember… All ECO & TDO subjects WILL BE SEARCHED by the transporting officer PRIOR to the transport.

Transporting of ALL ECO & TDO persons

Transporting of ALL ECO & TDO persons

- If medical attention is needed prior to the patient being admitted to the facility designated on the TDO the patient will be taken to an ER for evaluation & treatment. The transporting officer WILL remain with the patient UNTIL the patient is transported to their FINAL destination as noted on the TDO.
- Once the patient is given over to the custody of medical personnel at the facility designated on the TDO he/she is FREE to go and IS NOT required to remain while the facilities staff does medical screening etc.
- The same procedures used when transporting ANY arrestee will apply when transporting a mentally ill subject.
- Mentally ill subjects will be transported via the Police wagon.
- The compartment in to which the subject is to be placed will be thoroughly searched for potential weapons or hazards prior to the subject being placed inside.
- The subject will be searched for any potentially dangerous instruments and/or weapons.
- Officers shall use their best judgment when securing mentally ill persons in custody.

INTERVIEW & INTERROGATION of MENTALLY ILL PERSONS

INTERVIEW & INTERROGATION of MENTALLY ILL PERSONS

- Mentally ill, criminal suspects **can** have the ability to knowingly and voluntarily give a reliable statement.
- Interviews & interrogations of mentally ill subjects suspected of having committed a criminal offense will be conducted in the same manner as for all other suspects.
- The officer/detective interviewing a potentially mentally ill subject should take notes regarding whether or not the subject appeared to be alert throughout the interview and demonstrated his/her ability to give appropriate answers to basic questions.
- If an officer/detective believes that the subject's mental state outweighs the seriousness of any applicable criminal charges, involuntary commitment may be sought according to procedures for dealing with mentally ill subjects.

Teletype Messages from OTHER Jurisdictions to Transport Mentally Ill Persons

Teletype Messages from OTHER Jurisdictions to Transport Mentally Ill Persons

- 1st: Call Crisis intervention to ascertain available bed space.
- Return UNEXECUTED teletypes to DEC

ROLL CALL Training Bulletin
REFRESHER ~ HANDLING MENTALLY ILL PERSONS

Recognition of Abnormal Behavior
Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments of mental or emotional capacity but rather to recognize behavior that is potentially destructive and/or dangerous to self or others. There are many generalized signs and symptoms of behavior that may suggest mental illness although members should not rule out other potential causes such as reactions to, or withdrawal from, drugs or alcohol or temporary emotional disturbances that may be situationally motivated.

Possible Signs and Symptoms
- Delusions or hallucinations
- Nonsensical speech patterns and disorientation
- Severe depression and/or severe agitation, suicidal talk or acts
- Violent talk or behavior resulting from mental illness
- Strong feelings of anger
- Denial of obvious problems and/or many unexplained physical problems

Signs of mental illness may manifest themselves in several ways, to include verbal clues, behavioral clues, or some environmental clues:
1. Degree of Reactions - Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example may make the individual extremely reclusive or aggressive without apparent provocation.
2. Appropriateness of Behavior - An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
3. Extreme Rigidity or Inflexibility - Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

Mentally ill persons may exhibit one or more of the following characteristics:
- Abnormal memory loss related to such common facts as name or home address (although these may be signs of other physical ailments such as injury or Alzheimer's disease);
- Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ.") or paranoid delusions ("Everyone is out to get me.");
- Hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.);
- Mentally ill persons may show environmental clues of mental illness by living in extreme filth, failing to practice basic hygiene and personal care, or failing to seek medical care for obvious injuries. If medical care is required, all such care should be sought immediately. EMS personnel shall transport any persons with signs of physical injury.

To ensure that required services are rendered to those who exhibit or report symptoms of duress or crisis, civilian and sworn personnel shall consider the following when determining whether a sworn officer should be summoned to assess the need for intervention by the Richmond Behavioral Health Authority:
- Does the person exhibit behaviors or make statements that indicate he/she is a danger to themselves or others?
- Is there evidence that the person is the victim or perpetrator of a crime?
- Does the person appear to be under the influence of drugs or alcohol?
- Does the person indicate that he or she suffers from a mental illness?
- Does the person indicate that he/she takes medications for a mental illness, and has he/she taken his medications as required?

Guidelines for assisting the mentally ill or their families with voluntary committals, or the process to be followed by sworn officers in the civil commitment process are found in G.O. 602-09 HANDLING MENTALLY ILL PERSONS.